



Department of Employment Dispute Resolution

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WORKPLACE MEDIATOR APPLICATION

Return to: EDR 830 East Main St., Suite 400 Richmond, VA 23219 Attn: Mediation Staff

PERSONAL INFORMATION

Name: Last, First, Middle

Date of Application

Job Title: Employer:

Mailing Address:

Street City State Zip

Email address work phone # fax #

Name of Supervisor: Last First Middle

Job Title: (Non-state employees: complete all 3 pages)

Supervisor's Phone Number: Email address

Basic Mediation Training (20 hours or more) Date: EDR Other
If "other", please give name of provider and location:

Group Mediation Training (16 hours or more) Date: EDR Other
If "other", please give name of provider and location:

GEOGRAPHIC AVAILABILITY

Preferred Geographic Location of Mediation Work: Using the map below, indicate by number the regional areas in which you are willing to serve:



ADDITIONAL MEDIATION TRAINING

COURSE	PROVIDER	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you a VA Supreme Court Certified Mediator? Yes__ Exp. Date_____ Cert. #_____

Judicial Council of VA mentor status: Date requirements met _____

Are you willing to serve as a mentor for EDR mediators? *Yes__ No__

*Any specific conditions for serving as a mentor?

Please rate yourself in the following types of mediation categories: 1= Would like to learn; 2=No Experience; 3= Basic Skill Level; 4= Advanced Skill Level; 5= Could Teach Skills needed to work with these types of conflicts.

____ Employee/employee	____ High level officials	____ Diversity issues
____ Employee/supervisor	____ Disability Issues	____ EEO issues
____ Work unit/Group	____ Safety Issues	
Other:_____	Other: _____	Other:_____

Prefer to work w/ 2 parties____ 2-4 parties____ 4-10 parties____ 10-15 parties____ 15 or more____

Prefer co-mediation opportunities____ Willing to serve as a solo mediator____

Languages Other Than English (please list):_____

Time Availability:	Mon	Tue	Wed	Thur	Fri	Anytime ____
Morning:	Y	Y	Y	Y	Y	
Afternoon:	Y	Y	Y	Y	Y	Just call me____
Evening:	Y	Y	Y	Y	Y	
Night:	Y	Y	Y	Y	Y	

Jan ____ Feb ____ March ____ April ____ May ____ June ____ July ____ Aug ____ Sept ____ Oct ____
Nov ____ Dec ____ Winter ____ Spring ____ Summer ____ Fall ____

I certify that all information provided on this application is true and complete. As an EDR Workplace Mediator, I will abide by EDR's Workplace Mediation Guidelines and Best Practices. I agree to notify EDR immediately regarding any changes to this application information.

Signature

Date

Non-State Employee or Non-EDR Trained Mediator Reference Request

List 3 persons not related to you who can judge your qualifications for this position. If you have previous experience as a workplace mediator, one reference should be from that organization.

Name	Relationship	Street, City, Zip (Please give complete address)	Telephone
			()
			()
			()

All applicants may use this space for any additional information:

TO BE COMPLETED BY EDR

Application Received Date:_____ Entered into database_____ by_____

References checked: 1)_____ 2)_____ 3)_____ by_____

Appointment date:_____ Letter sent to supervisor @ Agency date:_____

EDR Refusal Based on:_____

File Active:_____ File Inactive:_____ No Further Interest:_____
